

**Exhibit 3**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gibson, Dunn & Crutcher LLP 200 Park Avenue New York, NY 10166-0193  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State  
U.C.C. Filing Section  
Filed: 11:36 AM 04/30/2024  
U.C.C. Initial Filing No: 2024 2851812  
  
Service Request No: 20241742066

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Creativebug, LLC				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS				
2560 Ninth Street, Units 314 and 316		CITY Berkeley	STATE CA	POSTAL CODE 94710
				COUNTRY USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS				
		CITY	STATE	POSTAL CODE
				COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Wilmington Savings Fund Society, FSB, as Collateral Agent				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS				
500 Delaware Avenue, 11th Floor		CITY Wilmington	STATE DE	POSTAL CODE 19801
				COUNTRY USA

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				

8. **OPTIONAL FILER REFERENCE DATA:**

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gibson, Dunn & Crutcher LLP 200 Park Avenue New York, NY 10166-0193  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State  
U.C.C. Filing Section  
Filed: 11:37 AM 04/30/2024  
U.C.C. Initial Filing No: 2024 2851911  
  
Service Request No: 20241742101

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Creative Tech Solutions LLC				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 5555 Darrow Road				
CITY Hudson	STATE OH	POSTAL CODE 44236	COUNTRY USA	

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS				
CITY	STATE	POSTAL CODE	COUNTRY	

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Wilmington Savings Fund Society, FSB, as Collateral Agent				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 500 Delaware Avenue, 11th Floor				
CITY Wilmington	STATE DE	POSTAL CODE 19801	COUNTRY USA	

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				

8. **OPTIONAL FILER REFERENCE DATA:**

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gibson, Dunn & Crutcher LLP 200 Park Avenue New York, NY 10166-0193  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State  
U.C.C. Filing Section  
Filed: 11:35 AM 04/30/2024  
U.C.C. Initial Filing No: 2024 2851762  
  
Service Request No: 20241742028

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Dittopatterns LLC				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 5555 Darrow Road				
CITY Hudson	STATE OH	POSTAL CODE 44236	COUNTRY USA	

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS				
CITY	STATE	POSTAL CODE	COUNTRY	

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Wilmington Savings Fund Society, FSB, as Collateral Agent				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 500 Delaware Avenue, 11th Floor				
CITY Wilmington	STATE DE	POSTAL CODE 19801	COUNTRY USA	

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				

8. **OPTIONAL FILER REFERENCE DATA:**

File with: Delaware Secretary of State



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
200 Park Avenue  
New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State

U.C.C. Filing Section

Filed: 11:33 AM 04/30/2024

U.C.C. Initial Filing No: 2024 2851630

Service Request No: 20241741904

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

Needle Holdings LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

5555 Darrow Road

CITY

Hudson

STATE

OH

POSTAL CODE

44236

COUNTRY

USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Wilmington Savings Fund Society, FSB, as Collateral Agent

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

500 Delaware Avenue, 11th Floor

CITY

Wilmington

STATE

DE

POSTAL CODE

19801

COUNTRY

USA

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
200 Park Avenue  
New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State

U.C.C. Filing Section

Filed: 11:32 AM 04/30/2024

U.C.C. Initial Filing No: 2024 2851556

Service Request No: 20241741813

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

WEAVEUP, INC.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

5555 Darrow Road

CITY

Hudson

STATE

OH

POSTAL CODE

44236

COUNTRY

USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Wilmington Savings Fund Society, FSB, as Collateral Agent

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

500 Delaware Avenue, 11th Floor

CITY

Wilmington

STATE

DE

POSTAL CODE

19801

COUNTRY

USA

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Gibson, Dunn & Crutcher LLP 200 Park Avenue New York, NY 10166-0193  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State  
U.C.C. Filing Section  
Filed: 11:34 AM 04/30/2024  
U.C.C. Initial Filing No: 2024 2851721  
  
Service Request No: 20241741964

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME JOANN Holdings 2, LLC				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 5555 Darrow Road				
CITY Hudson	STATE OH	POSTAL CODE 44236	COUNTRY USA	

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS				
CITY	STATE	POSTAL CODE	COUNTRY	

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Wilmington Savings Fund Society, FSB, as Collateral Agent				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 500 Delaware Avenue, 11th Floor				
CITY Wilmington	STATE DE	POSTAL CODE 19801	COUNTRY USA	

4. **COLLATERAL:** This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser				

8. **OPTIONAL FILER REFERENCE DATA:**

File with: Delaware Secretary of State





FS Number: OH00281259410  
Date Filed: 30 April 2024  
15:23:58

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
524 S 2nd Street, Suite 505  
Springfield  
ILLINOIS  
62701  
United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** joann.com, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson **STATE:** OHIO **POSTAL CODE:** 44236 **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington **STATE:** DELAWARE **POSTAL CODE:** 19801 **COUNTRY:** United States

### COLLATERAL INFORMATION

**This financing statement covers the following collateral:**

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No



Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

joann.com, LLC

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	
B. E-MAIL CONTACT AT SUBMITTER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> Gibson, Dunn &amp; Crutcher LLP  200 Park Avenue  New York, NY 10166-0193 </div>	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
joann.com, LLC				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5555 Darrow Road	Hudson	OH	44236	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
Wilmington Savings Fund Society, FSB, as Collateral Agent				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
500 Delaware Avenue, 11th Floor	Wilmington	DE	19801	USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check <u>only</u> if applicable and check <u>only</u> one box:
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281258175  
Date Filed: 30 April 2024  
15:14:49

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
524 S 2nd Street, Suite 505  
Springfield  
ILLINOIS  
62701  
United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** Jo-Ann Stores, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson **STATE:** OHIO **POSTAL CODE:** 44236 **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington **STATE:** DELAWARE **POSTAL CODE:** 19801 **COUNTRY:** United States

### COLLATERAL INFORMATION

**This financing statement covers the following collateral:**

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No



Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

Jo-Ann Stores flat

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">           Gibson, Dunn &amp; Crutcher LLP            200 Park Avenue            New York, NY 10166-0193         </div> <div style="text-align: center; margin-top: 10px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>Jo-Ann Stores, LLC</b>				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>5555 Darrow Road</b>	CITY <b>Hudson</b>	STATE <b>OH</b>	POSTAL CODE <b>44236</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Wilmington Savings Fund Society, FSB, as Collateral Agent</b>				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>500 Delaware Avenue, 11th Floor</b>	CITY <b>Wilmington</b>	STATE <b>DE</b>	POSTAL CODE <b>19801</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

**File with: Ohio Secretary of State**



FS Number: OH00281257052  
Date Filed: 30 April 2024  
14:53:04

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
524 S 2nd Street, Suite 505  
Springfield  
ILLINOIS  
62701  
United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** Jo-Ann Stores Support Center, Inc.  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson **STATE:** OHIO **POSTAL CODE:** 44236 **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington **STATE:** DELAWARE **POSTAL CODE:** 19801 **COUNTRY:** United States

### COLLATERAL INFORMATION

**This financing statement covers the following collateral:**

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No



Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

Jo-Ann Stores

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           Gibson, Dunn &amp; Crutcher LLP            200 Park Avenue            New York, NY 10166-0193         </div>

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>Jo-Ann Stores Support Center, Inc.</b>				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>5555 Darrow Road</b>	CITY <b>Hudson</b>	STATE <b>OH</b>	POSTAL CODE <b>44236</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Wilmington Savings Fund Society, FSB, as Collateral Agent</b>				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>500 Delaware Avenue, 11th Floor</b>	CITY <b>Wilmington</b>	STATE <b>DE</b>	POSTAL CODE <b>19801</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility			6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				

8. OPTIONAL FILER REFERENCE DATA:

**File with: Ohio Secretary of State**



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Date Filed: 30 April 2024  
14:44:11

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
524 S 2nd Street, Suite 505  
Springfield  
ILLINOIS  
62701  
United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** JOANN DITTO HOLDINGS INC.  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson **STATE:** OHIO **POSTAL CODE:** 44236 **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington **STATE:** DELAWARE **POSTAL CODE:** 19801 **COUNTRY:** United States

### COLLATERAL INFORMATION

**This financing statement covers the following collateral:**

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No



Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

JOANN DITTO

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
200 Park Avenue  
New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

JOANN DITTO HOLDINGS INC.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

5555 Darrow Road

CITY

Hudson

STATE

OH

POSTAL CODE

44236

COUNTRY

USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Wilmington Savings Fund Society, FSB, as Collateral Agent

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

500 Delaware Avenue, 11th Floor

CITY

Wilmington

STATE

DE

POSTAL CODE

19801

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility
6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281255583  
Date Filed: 30 April 2024  
14:22:58

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
524 S 2nd Street, Suite 505  
Springfield  
ILLINOIS  
62701  
United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** JAS Aviation, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson **STATE:** OHIO **POSTAL CODE:** 44236 **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington **STATE:** DELAWARE **POSTAL CODE:** 19801 **COUNTRY:** United States

### COLLATERAL INFORMATION

**This financing statement covers the following collateral:**

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No



Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

JAS Aviation, LLC

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
200 Park Avenue  
New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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1a. ORGANIZATION'S NAME

JAS Aviation, LLC

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

5555 Darrow Road

CITY

Hudson

STATE

OH

POSTAL CODE

44236

COUNTRY

USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Wilmington Savings Fund Society, FSB, as Collateral Agent

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

500 Delaware Avenue, 11th Floor

CITY

Wilmington

STATE

DE

POSTAL CODE

19801

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State